

2015 NPDES Multi-Sector General Permit For Stormwater Discharges Associated With Industrial Activity (MSGP) Forms

United States Environmental Protection Agency 1200 Pennsylvania Ave, NW Washington, DC 20460

Note: This is a "smart form"; as you fill out the form, additional questions will appear that you will need to answer. Permit Information 1. What action would you like to take? * File a New Notice of Intent Form Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in the Facility Operator Information section of this form requests authorization to discharge pursuant to the NPDES Stormwater Multi-Sector General Permit (MSGP) permit number identified in the Permit Information section of this NOI also constitutes notice that the operator identified in the Facility Operator Information section of this form meets the eligibility conditions of Part 1.1 of the MSGP for the facility identified in the Facility Information section of this form. To obtain authorization, you must submit a complete and accurate NOI form. Discharges are not authorized if your NOI is incomplete or inaccurate or if you were never eligible for permit coverage. Operator Name (Organization Name) * PDA DIVISION OF PORTS AND HARBORS Operator Name as Noted by the NOI Preparer 2. Select the state/territory where your facility is located * 3. Is your facility located on Indian Country lands? * NH () Yes No 4. Are you requesting coverage as a "federal operator" as defined in Appendix A? * No

allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit.* 10. Master Permit Number NHR050000	5. Are you a new discharger or a new source as defined in Appendix A? *	Yes	No			
NERGSBN24 6. Do you directly discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 3 water (Dutstanding Natural Resource Version Substance) (See Appendix LT) Your project will be considered to discharge to a Tier 3 water if the first water of the U.S. to which you discharge is identified by a state, tribe, or EPA as a Tier 3 water. For Version Substance of the U.S. to which you discharge is identified by a state. Tribe, or EPA as a Tier 3 water. For discharges that enter a storm sewer system prior to discharge, the first water of the U.S. to which you discharge is dentified by a state. Tribe, or EPA as a Tier 3 water. For discharges that enter a storm sewer system prior to discharge, the first water of the U.S. to which you discharge is dentified by a state. Tribe, or EPA as a Tier 3 water. For discharges that enter a storm sewer system prior to discharge, the first water of the U.S. to which you discharge is identified by a state. Tribe, or EPA as a Tier 3 water. For or discharges in the storm sewer system. 7. Does your facility directly discharge to a Federal CERCLA sile if the discharge flows directly with the sile through its concerned prior to discharge in the U.S. the stormwater discharge in the discharge flows of the stormwater discharges in Section Se	5a. Have stormwater discharges from your facility been covered previously under an NPDES permit? *					
6. Do you directly discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 3 water (Outstanding Natural Resource Water) (See Appendix L)? Your project will be considered to discharge to a Tier 3 water if the first water of the U.S to which you discharge is to a first a vater. For or discharge the first water of the U.S to which you discharge is to a first a vater of the U.S to which you discharge is to the tree as torm sever system prior to discharge, the first water of the U.S to which you discharge is to the waterbody that receives the stormwater discharge from the storm sever system. 7. Does your facility directly discharge to a Federal CERCLA site listed in Appendix P? For the purposes of this permit, a permitted discharge to a Federal CERCLA site listed in Appendix P? For the purposes of this permit, a permitted discharge to a Federal CERCLA site listed from the step through its own conveyance, or through a conveyance owned by others, such as a municipal separate storm sever system. 8. Has the Stormwater Pollution Prevention Plan (SWPPP) been prepared in advance of filing this NOI, as required? 9. Yes No 9. By indicating 'Yes', I confirm that I understand that the MSSP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges in Part 1.1.3. 9. Yes No No covered by the permit or by any other means (e.g., in the Stormwater Pollution Prevention Inspection), if any discharge to Park and/or a state via this Notice of Infent to be covered by the MSCP and they cannot become authorized by disclosure to Park and/or a state via this Notice of Infent to be covered under snother NPDES permit. 10. Master Permit Number NHROSODO 11. Section of Ports AND HARBORS 2. Streat '6. Zip Code' 7. Facility County or Similar Govt. Subdivision '* Portsmouth NH NH Goston Infention 11. Operator Name (Organization Name) (Ports AND HARBORS) 2. Streat '6. Zip Code' 7. Facility County or Sim	5aa. Provide your most current NPDES ID (i.e., permit tracking number) if you had coverage under EPA's MSGP 2008 or the NPDES permit number if you had coverage under an EPA individual p	permit *				
Water) (See Appendix L)? Your project will be considered to discharge to a Tier 8 water if the first water of the US to which you discharge is identified by a state, in the, or EPA as a Tier 8 water. For which you discharge is the waterbody that receives the stormwater discharge from the storm sever system.* 7. Does your facility directly discharge to a Federal CERCLA site listed in Appendix P? For the purposes of this permit, a permittee discharges to a Federal CERCLA site if the discharge shows on the site through its own conveyance or through a conveyance owned by others, such as a municipal separate storm sever system.* 8. It is the Stormwater Pollution Prevention Plan (SWPPP) been prepared in advance of filing this NOI, as required?* 9. By indicating 'Yes', I confirm that I understand that the MSCP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges in Part 1.1.3. Any discharges not expressly authorized under the MSCP are not covered by the MSCP and they cannot become authorized by disclosure to EPA and/or a state via this Notice of Intent to be covered by the permit or by any other means (e.g., in the Stormwater Pollution Prevention Plan or during an intenspection), If any discrepance requiring NPDCS permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit. 1. Operator Name (Organization Name)* PDAD OINSON OF PORTS AND HARBORS 2. Street * 15. Street * 16. Zip Code * 7. Facility County or Similar Govt. Subdivision * Rockingham 10. Petators in Control in Contact information 11. First Name * 12. Middle Initial 13. Last Name * 14. Protessional Title *	NHR05BN24					
8. Has the Stormwater Pollution Prevention Plan (SWPPP) been prepared in advance of filling this NOI, as required?* 9. By indicating "Yes", I confirm that I understand that the MSGP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges in Part 1.1.3. Any discharges not expressly authorized under the MSGP are not covered by the MSGP and they cannot become authorized by discissure to EPA and/or a state via this Notice of Intent to be covered by the Post of the Survey of the MSGP and they cannot become authorized by discissure to EPA and/or a state via this Notice of Intent to be covered by the Post of the Survey of the MSGP and they cannot become authorized by discissure to EPA and/or a state via this Notice of Intent to be covered by the Post of the Survey of th	Water) (See Appendix L)? Your project will be considered to discharge to a Tier 3 water if the first water of the US to which you discharge is identified by a state, tribe, or EPA as a Tier 3 water. For discharges that enter a storm sewer system prior to discharge, the first water of the US to which you discharge is the waterbody that receives the stormwater discharge from the storm sewer	or Yes	No			
9. By indicating "Yes", I confirm that I understand that the MSCP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges in Part 1.1.3. Any discharges not expressly authorized under the MSCP are not covered by the MSCP and they cannot become authorized by disclosure to EPA and/or a state via this Notice of Intent to be covered by the permit to by any other means (e.g., in the Stormwater Pollution Prevention Plan or during an inspection), if any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit. 10. Master Permit Number NHR050000 10. Operator Information 1. Operator Name (Organization Name) * PDA DIVISION OF PORTS AND HARBORS 2. Street * 55 International Drive 3. Supplemental Address 4. City * 5. State * 6. Zip Code * 7. Facility County or Similar Govt. Subdivision * Portsmouth 8. Phone (10-digits, No dashes) * 9. Extension 10. E-Mail * 6034368500 11. E-Mail * 14. Professional Title *		Yes	No			
Any discharges not expressly authorized under the MSCP are not covered by the MSCP and they cannot become authorized by disclosure to EPA and/or a state via this Notice of Intent to be covered by the permit or by any other means (e.g., in the Stormwater Pollution Prevention Plany discharges requiring MPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under another NPDES permit. * 10. Master Permit Number NHR050000 1. Operator Information 1. Operator Name (Organization Name) * PDA DIVISION OF PORTS AND HARBORS 2. Street * 55 International Drive 3. Supplemental Address 4. City * 5. State * 6. Zip Code * 7. Facility County or Similar Govt. Subdivision * Portsmouth 8. Phone (10-digits, No dashes) * 9. Extension 10. E-Mail * 6034368500 Querator point of contact information 1.4. Professional Title *	8. Has the Stormwater Pollution Prevention Plan (SWPPP) been prepared in advance of filing this NOI, as required? *	Yes	O No			
NHR050000 acility Operator Information 1. Operator Name (Organization Name) * PDA DIVISION OF PORTS AND HARBORS 2. Street * 55 International Drive 3. Supplemental Address 4. City * 5. State * 6. Zip Code * 7. Facility County or Similar Govt. Subdivision * Rockingham 8. Phone (10-digits, No dashes) * 9. Extension 10. E-Mail * 6034368500	Any discharges not expressly authorized under the MSGP are not covered by the MSGP and they cannot become authorized by disclosure to EPA and/or a state via this Notice of Intent to be covered by the permit or by any other means (e.g., in the Stormwater Pollution Prevention Plan or during an inspection). If any discharges requiring NPDES permit coverage other than the	Yes	○ No			
acility Operator Information 1. Operator Name (Organization Name) * PDA DIVISION OF PORTS AND HARBORS 2. Street * 55 International Drive 3. Supplemental Address 4. City * Portsmouth NH 03801 8. Phone (10-digits, No dashes) * 9. Extension 10. E-Mail * 6034368500 Qerator point of contact information 11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *	10. Master Permit Number					
1. Operator Name (Organization Name) * PDA DIVISION OF PORTS AND HARBORS 2. Street * 55 International Drive 3. Supplemental Address 4. City * 5. State * 6. Zip Code * 7. Facility County or Similar Govt. Subdivision * Portsmouth NH 03801 Rockingham 8. Phone (10-digits, No dashes) * 9. Extension 10. E-Mail * 6034368500 Operator point of contact information 11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *	NHR050000					
PDA DIVISION OF PORTS AND HARBORS 2. Street * 55 International Drive 3. Supplemental Address 4. City * Fortsmouth NH 03801 8. Phone (10-digits, No dashes) * 6034368500 Operator point of contact information 11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *	Facility Operator Information					
2. Street * 55 International Drive 3. Supplemental Address 4. City * Portsmouth NH 03801 8. Phone (10-digits, No dashes) * 6. Zip Code * 7. Facility County or Similar Govt. Subdivision * Rockingham 10. E-Mail * 6034368500 Genarconi@peasedev.org Operator point of contact information 11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *	1. Operator Name (Organization Name) *					
55 International Drive 3. Supplemental Address 4. City * 5. State * 6. Zip Code * 7. Facility County or Similar Govt. Subdivision * Portsmouth NH 03801 Rockingham 8. Phone (10-digits, No dashes) * 9. Extension 10. E-Mail * 6034368500 g.marconi@peasedev.org Operator point of contact information 11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *	PDA DIVISION OF PORTS AND HARBORS					
3. Supplemental Address 4. City * 5. State * 6. Zip Code * 7. Facility County or Similar Govt. Subdivision * Portsmouth NH 03801 Rockingham 8. Phone (10-digits, No dashes) * 9. Extension 10. E-Mail * 6034368500 g.marconi@peasedev.org Operator point of contact information 11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *	2. Street *					
4. City * 5. State * 6. Zip Code * 7. Facility County or Similar Govt. Subdivision * Portsmouth	55 International Drive					
Portsmouth 8. Phone (10-digits, No dashes) * 6034368500 9. Extension 10. E-Mail * g.marconi@peasedev.org Operator point of contact information 11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *	3. Supplemental Address					
Portsmouth 8. Phone (10-digits, No dashes) * 6034368500 9. Extension 10. E-Mail * g.marconi@peasedev.org Operator point of contact information 11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *						
8. Phone (10-digits, No dashes) * 9. Extension 10. E-Mail * [g.marconi@peasedev.org] Operator point of contact information 11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *	4. City * 5. State * 6. Zip Code * 7. Facility County or Similar Govt. Subdivision *					
6034368500 g.marconi@peasedev.org Operator point of contact information 11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *	Portsmouth 03801 Rockingham					
Operator point of contact information 11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *	8. Phone (10-digits, No dashes) * 9. Extension 10. E-Mail *					
11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *	6034368500 g.marconi@peasedev.org					
	Operator point of contact information					
Geno J J Marconi Director	11. First Name * 12. Middle Initial 13. Last Name * 14. Professional Title *					
	Geno J J Marconi Director					

B: Facility Information

1. Facility	Name *								
Market S	Street Marine Terminal						Facility address same as	s fa	cility operator address
2. Street/	Location *			_					
555 Mar	ket Street								
3. Supple	mental Address			_					
4. City *		5. State *		6. Zi	ip Code	*	7. Facility County or Similar	r Go	ovt. Subdivision *
Portsmo	outh	NH		038	801		Rockingham		
Latitude/	Longitude for the facility:								
	8. Latitude (Decimal Degrees) *		9. Longitu	ude (Decimal Degrees) *		10. La	atitude/Longitude Data Source *		11. Horizontal Reference Datum
+	43.0459	-	70.4543			Oth	er		WGS84
12. What	is the ownership type of the facility *	13. Es	timated area	of industrial activity at y	your facil	lity ex	sposed to stormwater (to the neares	st q	uarter acre) *
State Go	vernment	12.4							
Identify t	he applicable sector and subsector of yo d the 4-digit Standard Industrial Classifi	our primary in	ndustrial acti	vity (See Appendix D) the	at best r	epres	ents the products produced or servi	vices	s rendered for which your facility is primarily engaged, as defined in the
15. Secto	· ·			y		,	16. Primary SIC Code *		
SECTOR	Q: WATER TRANSPORTATION						4491: Marine Cargo Handling		
17. Subse	ector								
Q1: Wat	er Transportation Facilities								
18. Identi	fy the applicable sectors(s) of any co-loc	cated industr	ial activity fo	r which you are requesti	ing perm	nit cov	/erage.		
Sector			_		Subsect		_		
-	Add Sector								
22 ls vou	r facility presently inactive and unstaffe	d2 *							
Yes	No	u.							
Discharge I	nformation								
1. Does v	our facility discharge into any saltwater	receiving wa	ters? *						
Yes	No	, , , , , , , , , , , , , , , , , , ,							
Outfalls									
		r facility Fac	h outfall mi	ust be identified by a ur	nique 3.	-diait	ID (e.g., 001, 002) or a 4-digit ID 4	Δls	o provide the latitude and longitude in decimal degrees for each
outfall.							(g., 00 ., 00=) of a f algit ib. /		

A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *			
006	+	43.0845	-	70.7631	Lookup Receiving Waters		Delete Outfall
If for any reason th	o Lookup F	Joseiving Water Information button deco	not propo	pulate your form with receiving waters in	(This button will prepopulate the receivin associated with your outfall on your form information that is returned if you believe formation you must manually enter the	ı. You may edit the e it is incorrect)	
ii for any reason th	е соокир н	eceiving water information button does	not prepo	pulate your form with receiving waters in	iormation, you must manually enter t	ne information on your form.	
Outfall Section							
		st water of the U.S that receives stormwa e water of the U.S. that was returned if in		from the outfall and/or from the MS4 that	at the outfall discharges to.		
Piscataqua River							
2. Is the receiving Yes		as impaired on the 303(d) list and in ne	ed of a TMD	oL?*			
4. List the pollutan	ts that are	causing the impairment:					
Please select the c	ause group	and pollutant for which the waterbody	is impaired	:			
Cause Group *				Pollutant *			
POLYCHLORINAT	ED BIPHEN	YLS (PCBS)		Polychlorinated biphenyls [PCBs]		Delete Pollutant	
Please select the c	ause group	and pollutant for which the waterbody	is impaired	:			
Cause Group *				Pollutant *			
DIOXINS				Dioxin		Delete Pollutant	
Please select the c	ause group	and pollutant for which the waterbody	is impaired	:			
Cause Group *				Pollutant *			
MERCURY				Mercury, total [as Hg]		Delete Pollutant	
Please select the c	ause group	and pollutant for which the waterbody	is impaired	:			
Cause Group *				Pollutant *			
PATHOGENS				Enterococci		Delete Pollutant	
	n complete	collutant Associated with this Wa	terbody				
Outfalls 4. List all of the st outfall. A. Outfall ID *	ormwater	outfalls from your facility. Each outfal	l must be id	dentified by a unique 3-digit ID (e.g., 0	01, 002) or a 4-digit ID. Also provide	e the latitude and longitude in deci	imal degrees for each

B. Latitude (Decimal Degrees) * C. Longitude (Dec	simal Degrees) *
+ 43.0845 - 70.7631	Lookup Receiving Waters Information Delete Outfall
	(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)
D. Substantially Identical to Any Outfalls Listed Above?* E. Substantially	identical to outfall ID *
Yes	
If for any reason the Lookup Receiving Water Information button does not prepo	opulate your form with receiving waters information, you must manually enter the information on your form.
Outfall Section	
1. Provide the name of the first water of the U.S that receives stormwater directl (You may edit the name of the water of the U.S. that was returned if incorrect.)	ly from the outfall and/or from the MS4 that the outfall discharges to.
Piscataqua River	
2. Is the receiving water listed as impaired on the 303(d) list and in need of a TM	
Yes	
4. List the pollutants that are causing the impairment:	
Please select the cause group and pollutant for which the waterbody is impaire	d:
Cause Group *	Pollutant *
POLYCHLORINATED BIPHENYLS (PCBS)	Polychlorinated biphenyls [PCBs] Delete Pollutant
Please select the cause group and pollutant for which the waterbody is impaire	d:
Cause Group *	Pollutant *
DIOXINS	Dioxin Delete Pollutant
Please select the cause group and pollutant for which the waterbody is impaire	d:
Cause Group *	Pollutant *
MERCURY	Mercury, total [as Hg] Delete Pollutant
Please select the cause group and pollutant for which the waterbody is impaire	d:
Cause Group *	Pollutant *
PATHOGENS	Enterococci Delete Pollutant
Add Impairment Pollutant Associated with this Waterbody	
3. Has a TMDL been completed for this receiving waterbody? * Yes No	
Outfalls	
4. List all of the stormwater outfalls from your facility. Each outfall must be outfall.	identified by a unique 3-digit ID (e.g., 001, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each

A. Outfall ID *		B. Latitude (Decimal Degrees) *		C.	Longitude (Decimal Degrees) *	
008 +	+	43.0845		70	0.7631	Lookup Receiving Waters Information Delete Outfall
						(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)
D. Substantially Identic	al to An	y Outfalls Listed Above? *	E. Substantial	ly ident	tical to outfall ID *	
Yes No		•	006			
If for any reason the Lo	okup Re	eceiving Water Information butto	n does not pre	popula	ite your form with receiving waters in	oformation, you must manually enter the information on your form.
Outfall Section						
		t water of the U.S that receives stewater of the U.S. that was return			m the outfall and/or from the MS4 th	at the outfall discharges to.
Piscataqua River						
2. Is the receiving wate	er listed	as impaired on the 303(d) list and	l in need of a T	MDL? *		
Yes		, , , , , , , , , , , , , , , , , , , ,				
4. List the pollutants th	nat are c	ausing the impairment:				
Please select the cause	e group	and pollutant for which the wate	rbody is impair	red:		
Cause Group *				Pol	llutant *	
POLYCHLORINATED B	BIPHEN	/LS (PCBS)		Pc	olychlorinated biphenyls [PCBs]	Delete Pollutant
Please select the cause	e group	and pollutant for which the wate	rbody is impair	red:		
Cause Group *				Pol	llutant *	
DIOXINS				Di	ioxin	Delete Pollutant
Please select the cause	e group	and pollutant for which the wate	rbody is impaiı	red:		
Cause Group *				Pol	llutant *	
MERCURY				Me	ercury, total [as Hg]	Delete Pollutant
Please select the cause	e group	and pollutant for which the wate	rbody is impair	red:		
Cause Group *				Pol	llutant *	
PATHOGENS				En	nterococci	Delete Pollutant
Add Impairm	nent Po	ollutant Associated with th	is Waterboo	dy		
3. Has a TMDL been co	mpleted	d for this receiving waterbody? *			_	
Yes • No						
Outfalls						
	water o	outfalls from your facility. Each	outfall must b	e iden	tified by a unique 3-digit ID (e.g., 0	01, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each
outfall.		,			, , ,	

A. Outfall ID *	B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *	
009 +	43.0845	-	70.7631	Lookup Receiving Waters Information Delete Outfall
				(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)
D. Substantially Identical to Ar	ny Outfalls Listed Above? *	E. Substantially	identical to outfall ID *	
Yes No		006		
If for any reason the Lookup Re	eceiving Water Information butto	n does not prepo	opulate your form with receiving waters in	nformation, you must manually enter the information on your form.
Outfall Section				
	st water of the U.S that receives sto e water of the U.S. that was return		y from the outfall and/or from the MS4 th	at the outfall discharges to.
Piscataqua River				
2. Is the receiving water listed	as impaired on the 303(d) list and	in need of a TM	DL?*	
Yes No				
4. List the pollutants that are c	ausing the impairment:			
Please select the cause group	and pollutant for which the water	rbody is impaire	d:	
Cause Group *			Pollutant *	
POLYCHLORINATED BIPHEN	YLS (PCBS)		Polychlorinated biphenyls [PCBs]	Delete Pollutant
Please select the cause group	and pollutant for which the water	rbody is impaire	d:	
Cause Group *			Pollutant *	
DIOXINS			Dioxin	Delete Pollutant
Please select the cause group	and pollutant for which the wate	rbody is impaire	d:	
Cause Group *			Pollutant *	
MERCURY			Mercury, total [as Hg]	Delete Pollutant
Please select the cause group	and pollutant for which the water	rbody is impaire	d:	
Cause Group *			Pollutant *	
PATHOGENS			Enterococci	Delete Pollutant
Add Impairment Po	ollutant Associated with th	is Waterbody		
3. Has a TMDL been completed	d for this receiving waterbody? *			
Yes No				
Outfalls				
4. List all of the stormwater coutfall.	outfalls from your facility. Each	outfall must be	identified by a unique 3-digit ID (e.g., 0	01, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each

A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *	
010	+	43.0839	-	70.7614	Lookup Receiving Waters Information Delete Outfall
					(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)
1		ny Outfalls Listed Above? *			
Yes •	No				
If for any reason the	e Lookup	Receiving Water Information button doe	s not prepo	pulate your form with receiving waters in	formation, you must manually enter the information on your form.
Outfall Section					
		rst water of the U.S that receives stormw ne water of the U.S. that was returned if i		y from the outfall and/or from the MS4 tha	at the outfall discharges to.
Piscataqua River					
2. Is the receiving v	vater liste	d as impaired on the 303(d) list and in ne	ed of a TMI	DL? *	
Yes	No				
4. List the pollutant	ts that are	causing the impairment:			
Please select the ca	ause grou	o and pollutant for which the waterbody	is impaired	d:	
Cause Group *				Pollutant *	
POLYCHLORINAT	ED BIPHE	NYLS (PCBS)		Polychlorinated biphenyls [PCBs]	Delete Pollutant
Please select the ca	ause grou	o and pollutant for which the waterbody	is impaired	t:	
Cause Group *				Pollutant *	
DIOXINS				Dioxin	Delete Pollutant
Please select the ca	ause grou	o and pollutant for which the waterbody	is impaired	t:	
Cause Group *				Pollutant *	
MERCURY				Mercury, total [as Hg]	Delete Pollutant
Please select the ca	ause grou	o and pollutant for which the waterbody	is impaired	d :	
Cause Group *				Pollutant *	
PATHOGENS				Enterococci	Delete Pollutant
Add Impa	irment l	Pollutant Associated with this Wa	aterbody		
3. Has a TMDL beer Yes •		ed for this receiving waterbody? *			
Outfalls					
4. List all of the stooutfall.	ormwater	outfalls from your facility. Each outfal	ll must be i	dentified by a unique 3-digit ID (e.g., 0	01, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each

A. Outfall ID *		B. Latitude (Decimal Degrees) *		C. Longitude (Decimal Degrees) *	
011	+	43.0832	-	70.7606	Lookup Receiving Waters Information Delete Outfall
					(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)
		ny Outfalls Listed Above? *			
Yes •	No				
If for any reason the	e Lookup	Receiving Water Information button doe	s not prepo	pulate your form with receiving waters in	formation, you must manually enter the information on your form.
Outfall Section					
		rst water of the U.S that receives stormw ne water of the U.S. that was returned if i		y from the outfall and/or from the MS4 tha	at the outfall discharges to.
Piscataqua River					
2. Is the receiving v	vater liste	d as impaired on the 303(d) list and in ne	ed of a TMI	DL? *	
Yes	No				
4. List the pollutan	ts that are	causing the impairment:			
Please select the ca	ause grou	o and pollutant for which the waterbody	is impaired	d:	
Cause Group *				Pollutant *	
POLYCHLORINAT	ED BIPHEI	NYLS (PCBS)		Polychlorinated biphenyls [PCBs]	Delete Pollutant
Please select the ca	ause grou	o and pollutant for which the waterbody	is impaired	<u>†</u> :	
Cause Group *				Pollutant *	
DIOXINS				Dioxin	Delete Pollutant
Please select the ca	ause grou	o and pollutant for which the waterbody	is impaired	1 :	
Cause Group *				Pollutant *	
MERCURY				Mercury, total [as Hg]	Delete Pollutant
Please select the ca	ause grou	o and pollutant for which the waterbody	is impaired	1:	
Cause Group *				Pollutant *	
PATHOGENS				Enterococci	Delete Pollutant
Add Impa	irment l	Pollutant Associated with this Wa	aterbody		
3. Has a TMDL beer Yes •		ed for this receiving waterbody? *			
Outfalls					
4. List all of the stooutfall.	ormwater	outfalls from your facility. Each outfal	II must be i	dentified by a unique 3-digit ID (e.g., 0	01, 002) or a 4-digit ID. Also provide the latitude and longitude in decimal degrees for each

A. Outfall ID * B. Latitude (Decimal Degrees) *	C. Longitude (Decimal Degrees) *	
012 + 43.0812 -	70.7606	Lookup Receiving Waters Information Delete Outfall
		(This button will prepopulate the receiving water information associated with your outfall on your form. You may edit the information that is returned if you believe it is incorrect)
D. Substantially Identical to Any Outfalls Listed Above? *		
Yes No		
If for any reason the Lookup Receiving Water Information button does not prepo	pulate your form with receiving waters in	formation, you must manually enter the information on your form.
Outfall Section		
1. Provide the name of the first water of the U.S that receives stormwater directly (You may edit the name of the water of the U.S. that was returned if incorrect.) *	y from the outfall and/or from the MS4 tha	at the outfall discharges to.
Piscataqua River		
2. Is the receiving water listed as impaired on the 303(d) list and in need of a TMI	DL?*	
Yes		
4. List the pollutants that are causing the impairment:		
Please select the cause group and pollutant for which the waterbody is impaired	d :	
Cause Group *	Pollutant *	
POLYCHLORINATED BIPHENYLS (PCBS)	Polychlorinated biphenyls [PCBs]	Delete Pollutant
Please select the cause group and pollutant for which the waterbody is impaired	1:	
Cause Group *	Pollutant *	
DIOXINS	Dioxin	Delete Pollutant
Please select the cause group and pollutant for which the waterbody is impaired	1 :	
Cause Group *	Pollutant *	
MERCURY	Mercury, total [as Hg]	Delete Pollutant
Please select the cause group and pollutant for which the waterbody is impaired	1:	
Cause Group *	Pollutant *	
PATHOGENS	Enterococci	Delete Pollutant
Add Impairment Pollutant Associated with this Waterbody		
3. Has a TMDL been completed for this receiving waterbody? * Yes No		
Add Another Outfall		

Provide the following information about your outfall latitude longitude.

5. Latitude/Longitude Data Source * 6. Horizontal Ref. Other WGS84 7. Does your facility discharge into a Municipal Separate Sto		
Yes No 8. Do you discharge to any of the waters of the U.S. that are propagation of fish, shellfish, and wildlife and recreation in a Yes No		nder its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support
CL L D II L D L (CLUDD) L C L		
: Stormwater Pollution Prevention Plan (SWPPP) Information		
SWPPP Contact Information		
1. First Name * 2. Middl	lle Initial 3. Last Name *	4. Professional Title *
Geno	Marconi	Director
5. Phone (10-digits, No dashes) * 6. Extension	7. E-Mail *	
6034368500	g.marconi@peasedev.org	
8. Your current SWPPP or certain information from your SWF	PPP must be made available through one of the	the following two options. Select one of the options and provide the required information. *
Note: You are not required to post any confidential busi portions of the SWPPP that are being withheld from pub		mation (as defined in Appendix A) (such information may be redacted), but you must clearly identify those
Option 1: Maintain a Current Copy of your SWPPP on an		or LIPL)
	Timernet page (offiversal Resource Locator of	is one).
Provide the web address URL * http://portofnh.org/		
	0.1.000	
Option 2: Provide the following information from your S	SWPPP.	
Endangered Species Protection		
1. Using the instructions in Appendix F of the MSGP, under	which endangered species criterion listed in F	Part 1.1.4.5 are you eligible for coverage under this permit? *
Criterion C – Discharges and discharge-related activities and		
Provide a brief summary of the basis for the criterion sele implementation of controls approved by EPA and the Service.		th U.S. Fish and Wildlife Service or National Marine Fisheries Service to determine no species in action area;
Criterion C was selected based upon the identification of the	hreatened or endangered species by USFWS a	S and NOAA within the action area at the Market Street Marine Terminal.
a. What federally-listed species or federally-designated critic	ical habitat are located in your "action area." *	*
Shortnose Sturgeon		

Atlantic Sturgeon
b. Using the Criterion C Eligibility Form, check which of the following is applicable to your facility and answer any corresponding questions. *
I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and agree to implement any controls that were determined by EPA to be necessary to ensure that my discharges and/or discharge-related activities will have no likely adverse affects on listed species and critical habitat.
I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and have not been notified of any additional controls necessary to ensure no likely adverse affects on listed species and critical habitat.
Date your Criterion C Eligibility Form was sent to EPA (in DD/MM/YYYY format) *
29 Jul 2015
* Note: After you submit your NOI and before your NOI is authorized, EPA may notify you if any additional controls are necessary to ensure your discharges have no likely adverse affects on listed species and critical habitat.
Historic Preservation
I. If your facility is not located in Indian country lands, is your facility located on a property of religious or cultural significance to an Indian tribe? No
2. Using the instructions in Appendix F of the MSGP, under which historic properties preservation criterion listed in Part 1.1.4.7 are you eligible for coverage under this permit *
Criterion A - No subsurface stormwater controls

Certification Information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. 40 CFR 122.22 (d)